

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

Name (print) Sherrie Doyle Office (if applicable) City Council District (if applicable) 4
Mailing Address (include city and zip code) 1225 Arnold Telephone No. 287 1212
E-Mail Address _____

Select Appropriate Box(es) ☐ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED

**Report #1 — Due August 27, 2002**

Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002
Office with a 4-year term Period: Dec. 20, 1998 — Aug. 22, 2002
Office with a 6-year term Period: Dec. 6, 1996 — Aug. 22, 2002
BAGs only: Period: Dec. 7, 2000 — Aug. 22, 2002

**Report #2 Due — October 29, 2002**

Period: Aug. 23, 2002 — Oct. 24, 2002

**Report #3 Due — January 15, 2003**

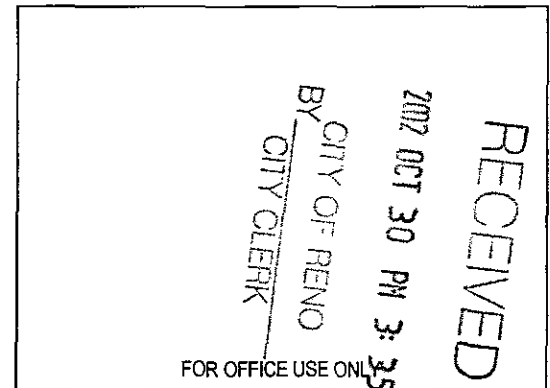
Period: Oct. 25, 2002 — Jan. 3, 2003

BAGs only: Period: Oct. 25, 2002 — Dec. 5, 2002

BALANCE

This figure should reflect the balance shown on your last Disposition of
Unspent Contributions Report, or last Contributions & Expenses Report, if any

6,348.49

**CONTRIBUTIONS SUMMARY**

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution
of money or anything of value other than the services of a volunteer received. (NRS 294A.007)

1. Total amount of monetary contributions in excess of \$100 2,000
2. Total amount of monetary contributions of \$100 or less -
Actual number of monetary contributions of \$100 or less -
3. Interest and income earned on contributions, if any _____
4. **TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS** (add lines 1 through 3) 2,000
5. Total amount of In Kind Contributions _____

EXPENSES SUMMARY

6. Total amount of monetary expenses in excess of \$100 5,595
7. Total amount of monetary expenses of \$100 or less 1,093.45
8. Expense for filing fee _____
9. **TOTAL AMOUNT OF ALL MONETARY EXPENSES** (add lines 6 through 8) 6,688.45
Remaining Balance (Subtract line 9 from 4) 2,339.967
10. Total amount of In Kind Expenses _____

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Signature Sherrie K Doyle

Date Executed On Oct 30, 2002

CAMPAIGN CONTRIBUTIONS

Report Period

#

Name (print) Sherrie Doyle

Office (if applicable) City Council

District (if applicable) 4/

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Western Nevada Supply	8/30/02	1,000	
Summit Eng. Maeanne	8/28	500	
AGC Pac PO Box 7578 Reno	8/28	500	

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District (if applicable)

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CAMPAIGN EXPENSESReport Period **#**Name (print) S. DoyleOffice (if applicable) City CouncilDistrict (if applicable) 4**Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSES

Report Period #

Name (print) S DoyleOffice (if applicable) City CouncilDistrict (if applicable) 4

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
Mail Shop	D	8/28/02	3,250
Barbara Cheathon	D	9/01/02	1,000
Bill Donalson	E	9/4/02	500
Senior Spectrum	D	8/28/02	600
Nevada State Bank	A	9/5/02	245

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CAMPAIGN EXPENSES

Report Period #

Name (print) Sherrie Doyle Office (if applicable) City Council District (if applicable) 4

Expenses of \$100 or Less

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY
8/28	41. ⁷⁵	H
9/6	12.12	J
9/3	25. ⁰⁰	J
8/29	98. ¹²	A
8/3	12. ²⁶	C
9/2	85. ²⁶	J
9/1	100. ⁰⁰	E
9/1	100. ⁰⁰	E
9/2	10. ⁰⁰	E
8/24	42. ²⁵	H
8/29	25. ⁰⁰	C
8/30	25. ⁰⁰	C
8/29	53. ⁵⁰	J
9/6	100. ⁰⁰	E
9/6	100. ⁰⁰	E
9/6	100. ⁰⁰	E
9/2	58. ¹⁵	J
9/3	98. ⁰¹	J

DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	CATEGORY

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

NRS 294A.362 REQUIRES IN KIND CONTRIBUTIONS AND EXPENSES TO BE REPORTED SEPARATELY. REPORT ALL IN KIND CONTRIBUTION AND EXPENSES ON THE FOLLOWING PAGES.

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN

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District (if applicable)

Contributions of \$100 or Less

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Name (print)

Office (if applicable)

District (if applicable)

IN KIND
Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE

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Name (print)

Office (if applicable)

District (if applicable)

IN KIND

Expenses of \$100 or Less

DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE	DESCRIPTION OF EACH IN KIND EXPENSE

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Prescribed by Secretary of State
NRS 294A.120, 294A.140, 294A.150
294A.200, 294A.210, 294A.220, 294A.362